

**South Metro Fire Department**  
**Clinical Policies and Procedures**

---

Title: Lights and Siren (Code 3) Patient Transport  
Effective Date: December 15, 2015  
Authorized By: Keith Wesley, MD Medical Director  
Standard: Patient Care and Transport  
Policy: Use of lights and siren transport (also referred to as “Code 3”) should be reserved for unstable and/or time-sensitive conditions.

---

I. **Purpose**

- To establish criteria that identifies patients for whom the use of emergency lights and siren during transport may be justified.
- To minimize unnecessary use of emergency lights and siren use during transport to improve patient comfort, reduce anxiety, and to enhance safety for the patient, the care givers, passengers, and the general community.

II. **Procedure**

1. At the discretion of the ambulance crew, driving with lights and siren may be considered if the following clinical conditions or circumstances exist if such use will significantly shorten delays associated in delivering the patient to definitive care.
  - a. Difficulty in sustaining the ABC's including (but not limited to):
    - Inability to establish an adequate airway or ventilation.
    - Severe respiratory distress or respiratory injury not responsive to available field treatment.
    - Unstable vital signs associated with an acute coronary syndrome, an impending and progressing cardiac event, or a cardiac dysrhythmia; any of which are unresponsive to available field treatment.
    - Cardiac Arrest with Mechanical CPR on-going.
    - Cardiac STEMI events or hospital STEMI activations (Code AMI) where significant time savings to definitive care can be realized.
    - Severe, uncontrolled hemorrhage.
    - Shock with altered mental status unresponsive to available field treatment.
  - b. Severe trauma consistent with that listed in Trauma Triage and Transport Guideline for which a Trauma Team Activation is made at a Level 1 Trauma Center.
  - c. Severe neurological conditions including, but not limited to:

- Status epilepticus.
  - Substantial or rapidly deteriorating level of consciousness.
  - Rapid deterioration of vital signs or level of consciousness due to a suspected life threatening cerebral vascular accident
  - For a suspected cerebral-vascular-accident (Stroke Code) where significant time savings to receive thrombolytic therapy can be achieved and the patient meets inclusion criteria (generally within 3 hours of onset of symptoms).
- d. Obstetrical emergencies including, but not limited to:
- Prolapsed cord
  - Premature labor complications (not just contractions) that threaten survival of the mother and/or fetus
  - Breech presentation
  - Arrested delivery
  - Ruptured ectopic pregnancy
- e. For patients who pose a safety threat to themselves or the crew after reasonable attempts to control the situation or the patient have been attempted and failed.
2. For any long distance transport (greater than 25 miles), where reducing time to definitive care is clinically indicated, consider options other than emergent driving. In these cases, an alternative mode of transportation or higher level of care (such as air-medical or critical care transfer) should be considered if available, appropriate, and if it will not delay the arrival of the patient.
3. Transport with lights and siren should be **avoided** in the following circumstances:
- a. Patients with a valid “Do Not Resuscitate” (DNR) order or medical control orders to withhold treatment.
  - b. Patient in cardiac arrest without the ability to provide Mechanical CPR.

Previous versions: